



**Oversight and Governance**

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Published 19 January 2021

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 27 January 2021  
10.00 am  
Virtual Committee

**Members:**

Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Sam Davey, Deacon, McDonald, Nicholson, Parker-Delaz-Ajete, Tuffin and Tuohy.

Members are invited to attend the virtual meeting to consider the items of business overleaf.

This meeting will be webcast and available on-line after the meeting. By joining this virtual meeting, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

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**Tracey Lee**

Chief Executive

## **Health and Adult Social Care Overview and Scrutiny Committee**

**1. Apologies**

To receive apologies for non-attendance submitted by Committee Members.

**2. Declarations of Interest**

Members will be asked to make any declarations of interest in respect of items on this agenda.

**3. Minutes (Pages 1 - 4)**

The Committee will be asked to confirm the minutes of the meeting held on 2 December 2020.

**4. Chair's Urgent Business**

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

**5. COVID-19 Update from the Director of Public Health - Verbal**

**6. Winter Flu Vaccination Programme Update from the Director of Public Health - Verbal**

**7. Policy Brief (Pages 5 - 10)**

**8. Integrated Performance Report (Pages 11 - 20)**

**9. Restoration and Recovery of Services (Pages 21 - 24)**

**10. COVID Vaccination Programme (Pages 25 - 30)**

**11. Work Programme (Pages 31 - 32)**

## **Health and Adult Social Care Overview and Scrutiny Committee**

**Wednesday 2 December 2020**

### **PRESENT:**

Councillor Mrs Aspinall, in the Chair.

Councillor James, Vice Chair.

Councillors Sam Davey, Deacon, McDonald, Nicholson, Parker-Delaz-Ajete, Tuffin and Tuohy.

Also in attendance: Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Ruth Harrell (Director of Public Health), Sarah Gooding (Policy and Intelligence Advisor), Anna Coles (Service Director for Integrated Commissioning), Tony Gravett MBE (Healthwatch), Craig McArdle (Strategic Director for People), Helen Foote (Finance Business Partner), Rob Sowden (Senior Performance Advisor) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 12.33 pm.

*Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

58. **Declarations of Interest**

There were no declarations of interest made by Members in accordance with the code of conduct.

59. **Minutes**

Agreed the minutes of the meeting held on 14 October 2020.

60. **Chair's Urgent Business**

There were no items of Chair's urgent business.

61. **Update from the Director of Public Health - Verbal**

Ruth Harrell (Director of Public Health) provided an update on COVID-19. It was reported that:

- Plymouth has responded to the lockdown and cases have fallen to 77 per 100,000. The rate in older people was very low at 35 per 100,000 and suggests that older people were being well protected;
- at the peak Derriford were seeing a large number of people that require hospital treatment. Elective surgeries have been delayed as a result;
- we have sadly lost 105 people due to COVID-19.

Questions from members related to:

- whether care homes under were under pressure to take patients from Derriford hospital without a test result;
- re-infection rates locally and nationally;
- whether long covid was an issue for the south west?;
- whether the rollout of vitamin D would help protect against Covid?.

Ruth Harrell also reported that:

- the importance of the restrictions to keep the virus under control;
- three sites for people to be tested Seaton, Guidhall and Marjons. Testing rates were good in Plymouth.

Questions from members related to:

- whether tests were available on demand and process for people to purchase tests?
- whether the Christmas bubble was a good idea?
- testing arrangements for students coming back into the city after the Christmas break?;
- how the lonely elderly population access tests if they do not have access to transport?

Ruth Harrell also provided an update on vaccinations. It was reported that approval was given today from HRHA on the Pfizer vaccination. NHS England would be overseeing the vaccination programme.

Questions from members related to:

- Would certain vaccines be targeted at certain groups?
- Anti-vaxxers and would there be an issue with uptake?
- Do we have enough workforce to administer the vaccination programme?
- Whether there was an adverse reaction to the vaccination?

## 62. **Policy Brief**

Sarah Gooding (Policy and Intelligence Advisor) provide an update and it was reported on:

- Tier two restrictions for Plymouth;
- care home pilot and new guidelines on care home visiting.

The committee noted the policy brief update.

## 63. **Healthwatch Update**

Tony Gravett MBE (Healthwatch) provided an update to the committee and highlighted:

- The changes to Healthwatch since the 1 April 2020 and that they were working locally and jointly across the wider Devon;
- Healthwatch Engagement Activities include:
  - Care Home Lay Visiting Programme ‘Something someone told me’;
  - Patient Led Assessment of the Care Environment (PLACE);
  - Outreach Programme (2 talks, 3 Events);
  - Local Engagement Programme – 30 visits to local Health Providers, Oasis Café, Life Centre, First Stop Shop, Rethink;
  - Face to Face engagement suspended on 12 March;
  - Transforming Community & Urgent Care services with Livewell SW;
  - Wider Devon Engagement around effects of COVID Lockdown;
  - Engagement in support of HWE requests;
  - Wider Devon engagement in support of NHSE, NHS Devon CCG & CQC.
- Main concerns since covid:
  - Contacting the practice by Telephone/Online Services
  - Patient difficulties in using GP e-consult including the deaf community
  - Poor/lack of communication between surgery and patient
  - Staff attitudes (mainly receptionists)
  - Inconsistency of services in delivering B12 or steroid injections for patients

Questions from members related to:

- Dental health;
- TVs at Derriford hospital;
- Waiting times on the phone to a surgery?

The Committee noted the Healthwatch update and agreed to:

1. seek a response from the hospital regarding TV's.
2. to write to NHS Devon CCG outlining the Committee's concerns on GP services and variations between different practices.

#### 64. **Workforce Review**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care) and Anna Coles (Service Director for Integrated Commissioning) were present for this item and referred to the report in the agenda pack. It was reported that:

- the report outlines the current activity across the city to align the development of skills across the healthcare system and this was the progress to date;
- the Proud to Care work in Plymouth was a primary focus;
- the challenges were not just around recruitment but also around retention;
- keen to encourage and promote apprenticeships in this area;
- workforce critical to the delivery of services.

Questions from members related to:

- the impact of Brexit on workforce from Europe;

- whether there was an opportunity to have a local targeted event for the cohort that have lost their jobs in the retail/hospitality sector;
- the lack of career progression within the health and social care sector and how to retain staff that have been invested in?
- how bad has retention been and how many staff have we lost during this pandemic?
- how we reward and value care workers?

The Committee noted the Workforce Review update and agreed to write to the Secretary of State over concerns regarding the adult social care and to request a clear timetable and roadmap for reform of Adult Social Care.

65. **Adult Social Care Budget**

Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care), Craig McArdle (Strategic Director for People) and Helen Foote (Finance Business Partner) were present for this item and referred to the report in the agenda pack. It was reported that:

- the report outlines the significant impact Covid has had on adult social care and the wider impact on the local authority, additional provider payments, PPE and winter pressures;
- The Cabinet Member gave thanks to Craig McArdle, Anna Coles and the team for their continued hard work.

Questions from members related to:

- within the salaries and management costs what was included within the management costs?
- were government grants included?
- care packages budget stable?

The Committee to note the Adult Social Care Budget update.

(Councillors James, McDonald and Nicholson left the meeting to attend another meeting).

66. **Performance Summary**

Rob Sowden (Senior Performance Advisor) was present for this item and referred to the report in the agenda pack.

The Committee noted the Performance Summary report.

67. **Work Programme**

The Committee noted the work programme and to invite the Education and Children's Social Care Chair and Vice-chair to be invited to the January meeting for the Mental Health and CAMHS agenda item.

# Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	27 January 2021
Title of Report:	<b>HASC Policy Brief</b>
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Craig McArdle (Interim Strategic Director of People)
Author:	Sarah Gooding (Policy & Intelligence Advisor)
Contact Email:	Sarah.Gooding@Plymouth.gov.uk
Your Reference:	HASC PB 27012021
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

To provide Health and Adult Social Care Overview and Scrutiny Committee with the latest national picture in respect of policy announcements and legislation relating to health and social care.

## Recommendations and Reasons

For Scrutiny to consider the information provided in regard to their role and future agenda items.

## Alternative options considered and rejected

N/A

## Relevance to the Corporate Plan and/or the Plymouth Plan

Delivery of the Corporate Plan and Plymouth Plan needs to take account of emerging policy and the legislative picture.

## Implications for the Medium Term Financial Plan and Resource Implications:

N/A

## Carbon Footprint (Environmental) Implications:

N/A

## Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

*\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

N/A

**Appendices**

\*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	HASC Policy Brief							

**Background papers:**

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

**Sign off:**

Fin	pl.20. 21.2 17	Leg	lt/358 23/4/ 1301 21	Mon Off	Click here to enter text.	HR	Click here to enter text.	Asset s	Click here to enter text.	Strat Proc	Click here to enter text.
Originating Senior Leadership Team member: Craig McArdle (Strategic Director for People).											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 15 January 2021											
Cabinet Member approval: Kate Taylor (Cabinet Member for Health and Adult Social Care)											
Date approved: 15 January 2021											



## POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

27 January 2021



The information within this Brief is correct at the time of approval for publication and contains relevant announcements made by Government and its departments and regulators since the last HASC Scrutiny committee on 02 December 2020.

### HEADLINES

- The Prime Minister has [announced](#) a further national lockdown - [National lockdown: Stay at Home](#) (04 January 2021)
- [UK COVID-19 alert level moves from level 4 to level 5](#) (04 January 2021)
- [£4.6 billion in new lockdown grants to support businesses and protect jobs](#) (05 January 2021)
- [Chancellor extends furlough and loan schemes](#) (17 December 2020)
- [Government pledges further £310 million to tackle homelessness](#) (21 December 2020) and [Extra covid protections for rough sleepers and renters](#) (08 January 2021)

### GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

**Department of Health and Social Care (11/01/2021)** [Government publishes plan for the largest vaccination programme in British history.](#) The [UK COVID-19 vaccines delivery plan](#) sets out how the government will work with the NHS, devolved administrations, local councils and the armed forces to deliver the largest vaccination programme in British history. There will be capacity to deliver at least 2 million vaccinations in England per week by the end of January and all residents and staff in over 10,000 care homes across the country will be offered a vaccine by the end of the month. The expansion of the programme will also mean all adults will be offered a vaccine by the autumn.

The [number of people](#) who received the first dose of a COVID-19 vaccine between 8 December and Sunday 10 January is 2,286,572. The NHS will be offering a vaccination to everyone in the top four priority groups as set out by the Joint Committee on Vaccination and Immunisation by 15 February. This includes:

- all residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and clinically extremely vulnerable individuals

**Department of Health and Social Care (10/01/2021)** [Asymptomatic testing to be rolled out across the country starting this week.](#) Rapid, regular testing for people without symptoms of coronavirus (COVID-19) will be made available across the country from this week, with the eligibility of the community testing programme expanded to cover all 317 local authorities. Local authorities will be encouraged to target testing at people who are unable to work from home during the national lockdown. More information on community testing can be found [here](#).

**Medicines and Healthcare products Regulatory Agency (08/01/2021)** [Moderna vaccine becomes third COVID-19 vaccine approved by UK regulator.](#) The COVID-19 vaccine developed by Moderna has today been given regulatory approval for supply by the Medicines and Healthcare products Regulatory Agency (MHRA). This is the third COVID-19 vaccine to be approved for use by the MHRA.

**Department of Health and Social Care (07/01/2021)** [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#). Shielding has resumed in England. Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19 has been updated to reflect the new national lockdown restrictions.

**Department of Health and Social Care (30/12/2020)** [Priority groups for coronavirus \(COVID-19\) vaccination: advice from the JCVI, 30 December 2020](#). Advice from the Joint Committee on Vaccination and Immunisation (JCVI) on the groups that should be prioritised for vaccination.

**Department of Health and Social Care (28/12/2020)** [Promotions of unhealthy foods restricted from April 2022](#). Promotions on food and drinks high in fat, salt or sugar (HFSS) in retailers will be restricted from April 2022, the government has confirmed today.

**Department of Health and Social Care (23/12/2020)** [£149 million to support increased care home testing](#). Care homes across the country will benefit from additional rapid testing, to test staff twice a week to help protect residents and workers from the virus. The new grant will help care homes meet additional costs associated with visits, supporting residents to see friends and family.

**Department for Digital, Culture, Media and Sport (23/12/2020)** [Government announces £7.5 million funding to tackle loneliness during winter](#). The Government has announced a £7.5 million funding package to help tackle loneliness over the winter period. The funding will be targeted at sectors that are well-known for having the power to bring people and communities together and builds upon the [£4 million Local Connections Fund](#) announced earlier in December.


**Department of Health and Social Care (18/12/2020)** [Chief Medical Officer's annual report 2020: health trends and variation in England](#). Chief Medical Officer Professor Chris Whitty's first annual report presents an overview of the health of England's population.

**Ministry of Housing, Communities and Local Government (10/12/2020)** [Launch of £46 million 'Changing Futures' scheme to support vulnerable people](#). A £46 million scheme to provide more effective and coordinated support for some of the most vulnerable people in our communities has been launched by Minister for Rough Sleeping and Housing Kelly Tolhurst. The government is inviting local organisations to form partnerships and bid for a share of the funding to better support those who experience multiple disadvantages including homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system.

**Department of Health and Social Care (10/12/2020)** [New NHS Test and Trace plan to support return to more normal way of life](#). As part of the government's COVID-19 Winter Plan, NHS Test and Trace has set out a new [business plan for the next phase of the service](#). The plan sets out the approach to disrupt and prevent COVID-19 transmission, protect people's health and enable people to return towards a more normal way of life.

**Department of Health and Social Care (10/12/2020)** [Build back better: £600 million to upgrade and refurbish NHS hospitals](#). 178 NHS trusts are to receive a share of £600 million to help eradicate the maintenance backlog in NHS hospitals. This is part of the £1.5 billion capital funding announced by the Prime Minister in the summer to help the NHS build back better. The projects are now underway, and will be completed by March 2021. University Hospitals Plymouth NHS Trust has been allocated £3.9m.

**RECENT CONSULTATIONS**

Date of publication	Health and Adult Social Care Overview and Scrutiny Committee	 GOV
31 October	<b>Ministry of Housing, Communities and Local Government:</b> <a href="#">Toilet provision for men and women: call for evidence</a>	Closes 29 Jan
28 December	<b>Department of Health and Social Care:</b> <a href="#">Restricting promotions of products high in fat, sugar and salt: enforcement</a>	Closes 22 Feb

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# HEALTH AND ADULT SOCIAL CARE SYSTEM PERFORMANCE

JANUARY 2021

## 1. INTRODUCTION

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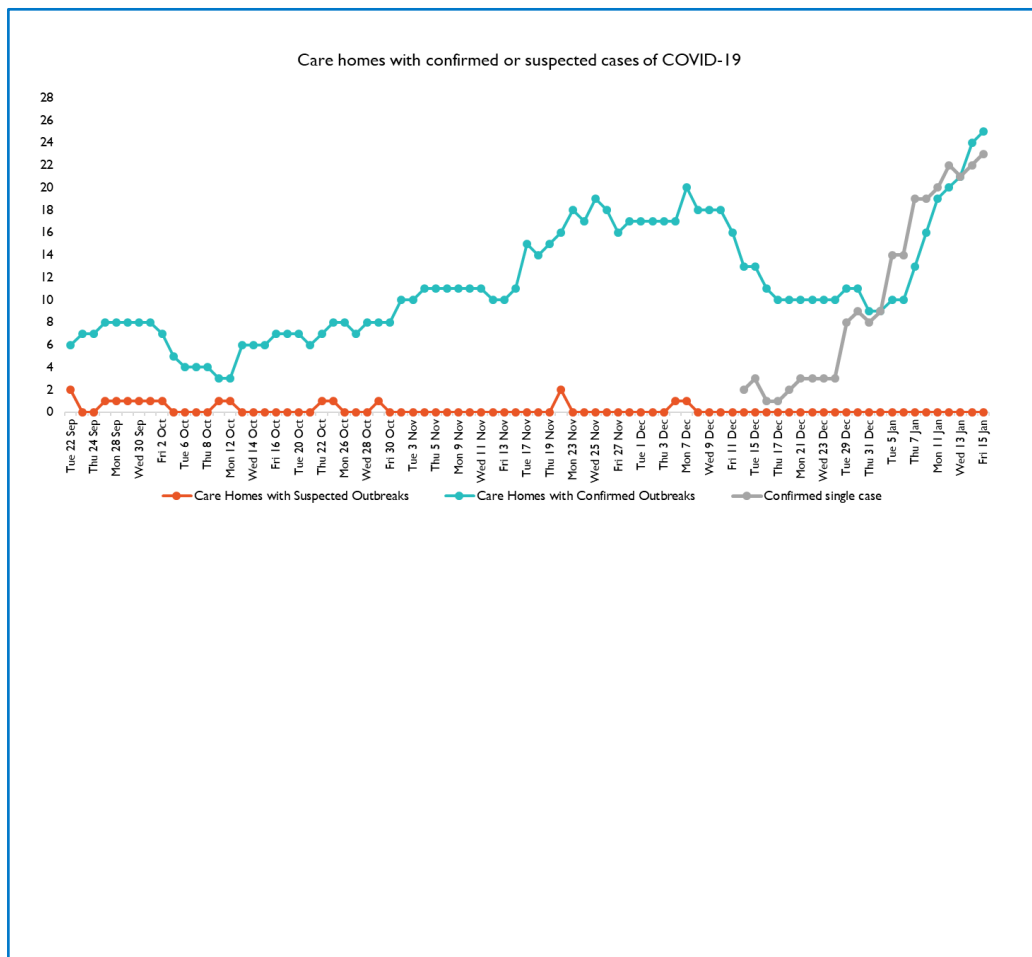
The purpose of this report is to inform members of the latest performance against a number of key indicators that provide a view of how care is being delivered to the people of Plymouth in light of the COVID-19 emergency. The pandemic has had an impact on how performance is reported and this has limited the ability to provide benchmarking information like we have done so previously.

The indicators in this report are;

- Number of COVID-19 outbreaks within Care Settings
- Admissions to Residential and Nursing Care Homes
- Community Based Care
- Reablement
- Adult Safeguarding
- Delayed Transfers of Care
- Referral to Treatment

Performance Indicators

	Thu 7 Jan	Fri 8 Jan	Mon 11 Jan	Tue 12 Jan	Wed 13 Jan	Thu 14 Jan	Fri 15 Jan	Trend
Total number of care settings	97	97	97	97	97	97	97	▲ ▼
Care settings with suspected outbreaks	0	0	0	0	0	0	0	▲ ▼
Care settings with confirmed outbreaks	13	16	19	20	21	24	25	▲
Care settings with one confirmed case	19	19	20	22	21	22	23	▲



Performance Insights

The majority of outbreaks are occurring in care homes, in total there are 97 care homes in Plymouth; those with confirmed or suspected outbreaks of COVID-19 will be closed to new residents and visitors. Local protocols are in place upon notification of an outbreak. The number of outbreaks within care homes increased to 17 on the 15 January. There are no care homes with a suspected outbreak, although there are six further homes with at least one confirmed case. This means that the percentage of care homes with a current COVID-19 positive case is 17.5%.

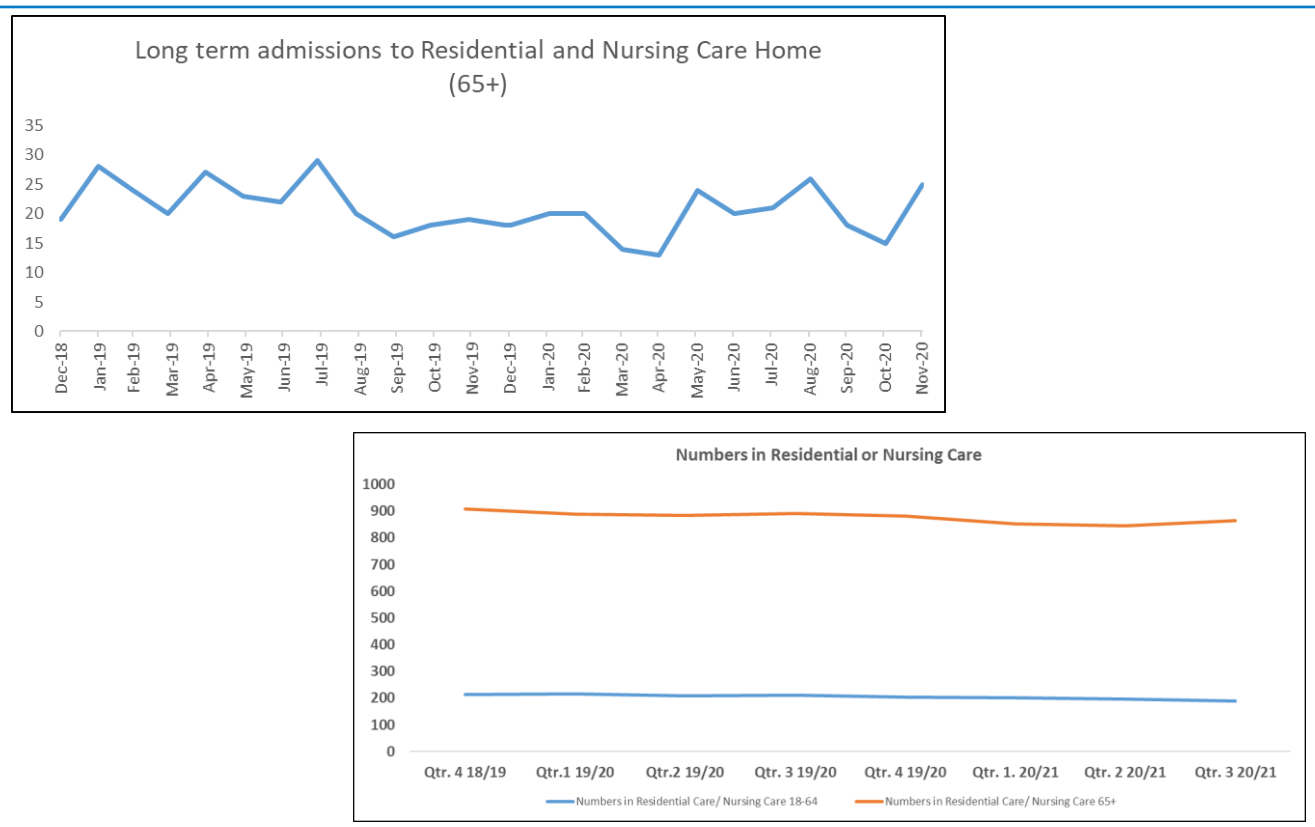
A care home is declared to be in outbreak when two or more cases are confirmed, whilst a home will also be declared out of an outbreak on the 29th day after the date of the latest positive test.

Five COVID-19 outbreaks have been identified within Domiciliary Care/ Extra Care settings with eight also having identified a single positive case. A further three outbreaks have been identified in Supported Living care settings, with eight settings having identified a single case.

Our care settings support some of our most vulnerable residents and unfortunately during the pandemic a number of these had outbreaks. With partners, the Council provided 'wrap around' support in a coordinated way that ensured residents, care home management and staff are assisted during an outbreak. We have provided access to information on best practice, and supported through weekly bulletins and monthly webinars to ensure that our providers have access to the most up to date guidance.

Performance Indicators

	June	July	August	September	October	November	December	Trend
Long term admissions to Residential or Nursing Care (18-64)	2	2	1	1	1	3	1	▼
Long term admissions to Residential or Nursing Care (65+)	24	20	21	26	18	15	25	▲
	Qtr.1 19/20	Qtr. 2 19/20	Qtr.3 19/20	Qtr. 4 19/20	Qtr. 1 20/21	Qtr. 2 20/21	Qtr. 3 20/21	
Numbers in Residential Care/ Nursing Care 18-64	216	209	212	204	201	197	190	▼
Numbers in Residential Care/ Nursing Care 65+	889	885	891	882	853	848	864	▲



Performance Insights

In 2019/20 the number of long term admissions to residential/ nursing care dropped, falling from 305 in 2018/19 to 239 (-66),

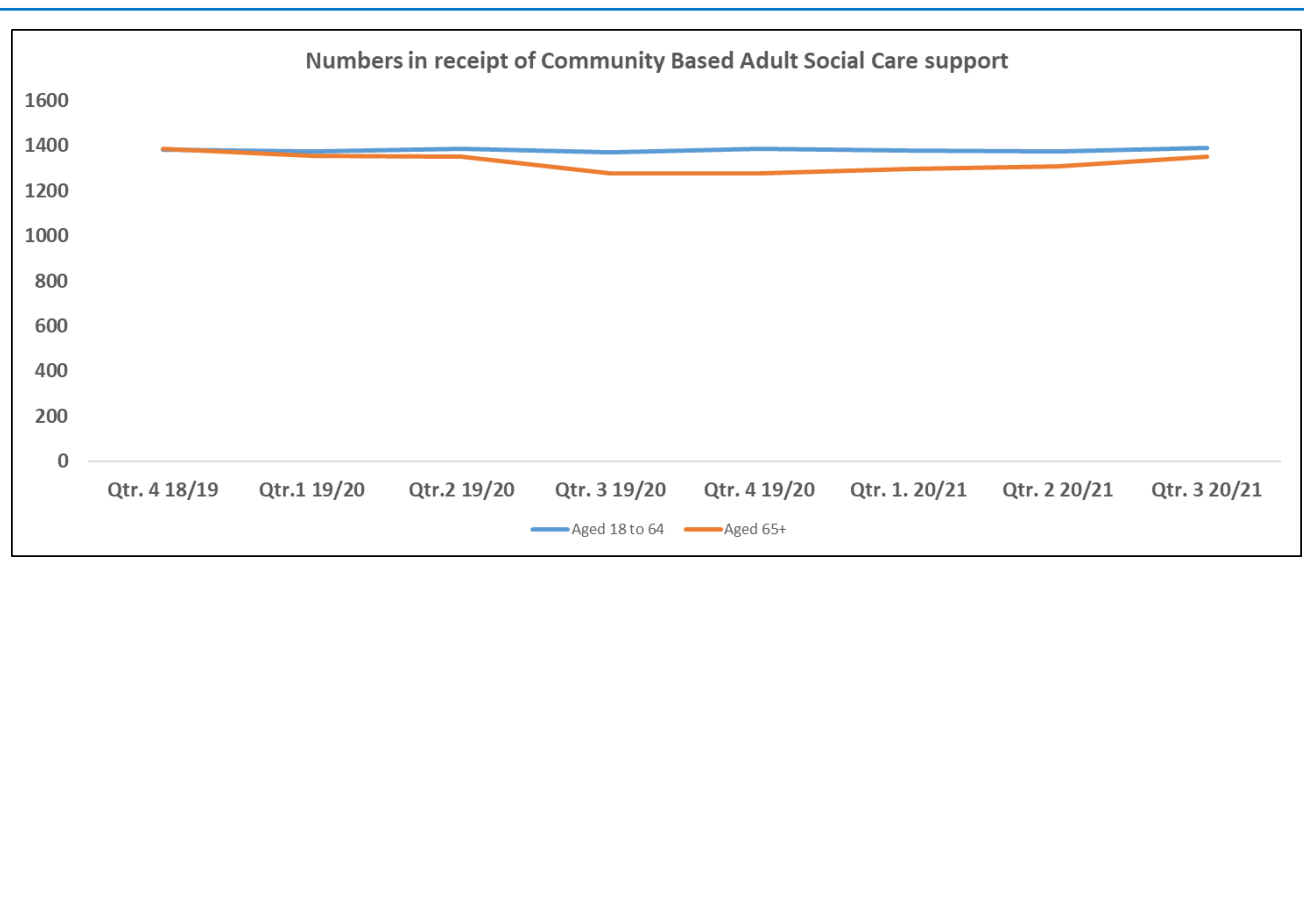
The downward trend in admissions has continued into 2020/21. Between April 2020 and the end of December there have been 176 admissions where a completed assessment has been recorded, this is a decrease of 17 over the same period in 2019. Small increases over the past few months means we are on a trajectory to have seen a similar number of admissions to 2019/20 by the end of the year 2020/21.

In line with national COVID-19 Discharge guidance a number of people will be in receipt of care within homes but currently funded by the NHS. These will not be included in these figures but are being monitored.



Performance Indicators

	Qtr.1 19/20	Qtr.2 19/20	Qtr. 3 19/20	Qtr. 4 19/20	Qtr. 1. 20/21	Qtr. 2 20/21	Qtr. 3 20/21	Trend
Numbers in receipt of Community Based Care (18-64)	1372	1385	1370	1385	1379	1372	1390	▲
Numbers in receipt of Community Based Care (65+)	1355	1349	1275	1276	1298	1308	1349	▲

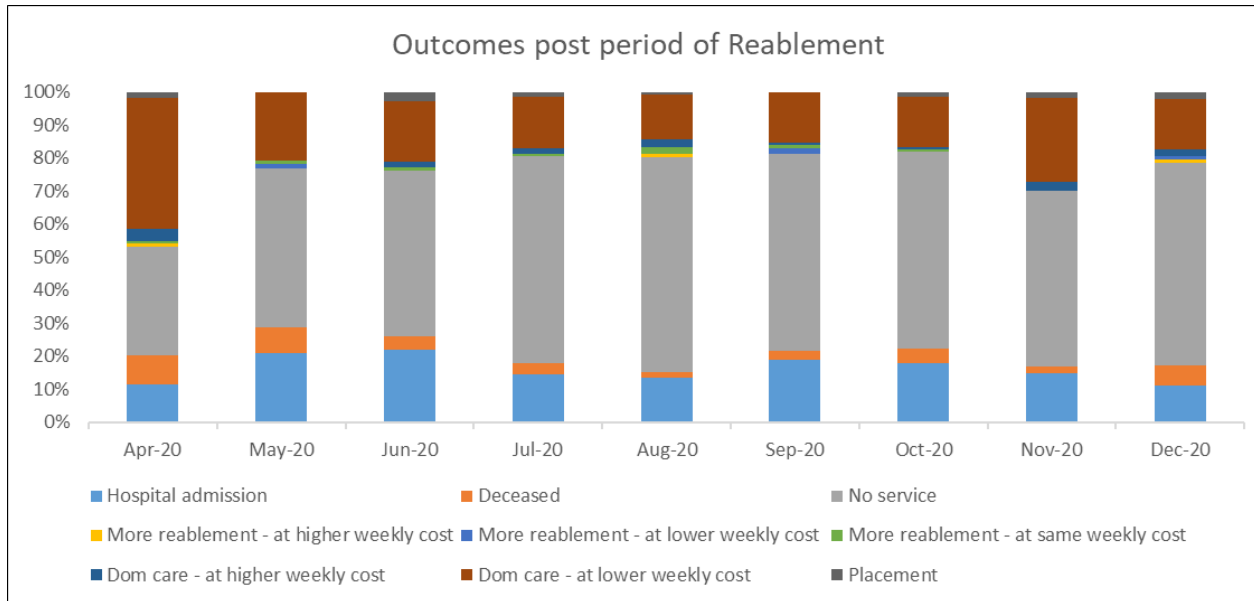


Performance Insights

As complexity and need increases, ensuring that demand on services is well managed is a key priority for Adult Social Care.

An approach which includes a strengthened gateway to care with direct links to the community and voluntary sector, Wellbeing Hubs and access to Healthcare has delivered a more integrated model of care. Improved access to advice and information along with timely access to a reablement approach will enable more people to live fully independent lives in their communities without the reliance on long term care. This has enabled us to maintain client levels.

During quarter three of 2020/21 there were 2,739 individuals who accessed community based care, this is higher than Q3 of 2019/20 when we saw reductions. The numbers receiving community based care are also up on last quarter, an increase of 59 (+2.2%) but the longer term steady trend is at present being maintained.



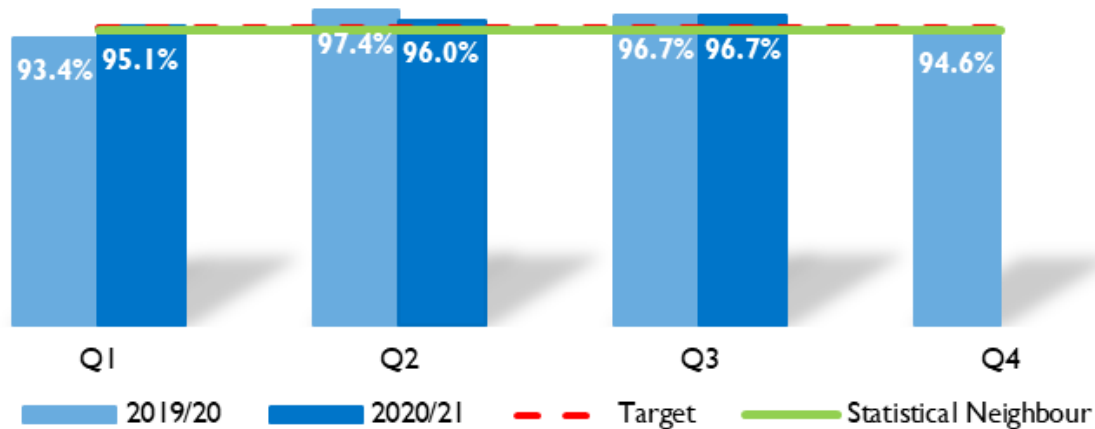
### Performance Insights

The Independence at Home service monitors its activity and outcomes on a weekly basis and presented here is a monthly breakdown of outcomes to reablement. The increased availability of and better access to reablement packages over recent months has been key to keeping the number of people accessing long term community based support on a static trend in the face of increased complexity of need.

Between April the end of December 1,019 outcomes to reablement have been recorded. On average 55% of these cases the individual in receipt of the reablement has left the service fully independent requiring no further service.

Of those individuals who go on to require long term care, the majority go on to a package that is at a lower cost to any previous package received. On average each month 20% of all outcomes will be a package of Domiciliary Care that is at a lower weekly cost.

Percentage of closed safeguarding enquiries where the desired outcomes have been fully or partially achieved



Performance Insights

Making Safeguarding Personal (MSP) is a person-centred outcome focus to safeguarding work that aims to support people to improve or resolve their circumstances. This is an indication of how well we are meeting the person’s desired outcome, but not necessarily a measure of the degree to which they have been safeguarded.

Between 1 October 2020 and 31 December 2020, 234 individuals were the subject of a completed safeguarding enquiry. 153 of which expressed a desired outcome at the start of the enquiry (65% compared to 73% in Q2), the percentage of people not asked about their preferred outcome increased to 28% (18% in Q2). We will look into this further in our regular meetings with Adult Social Care managers.

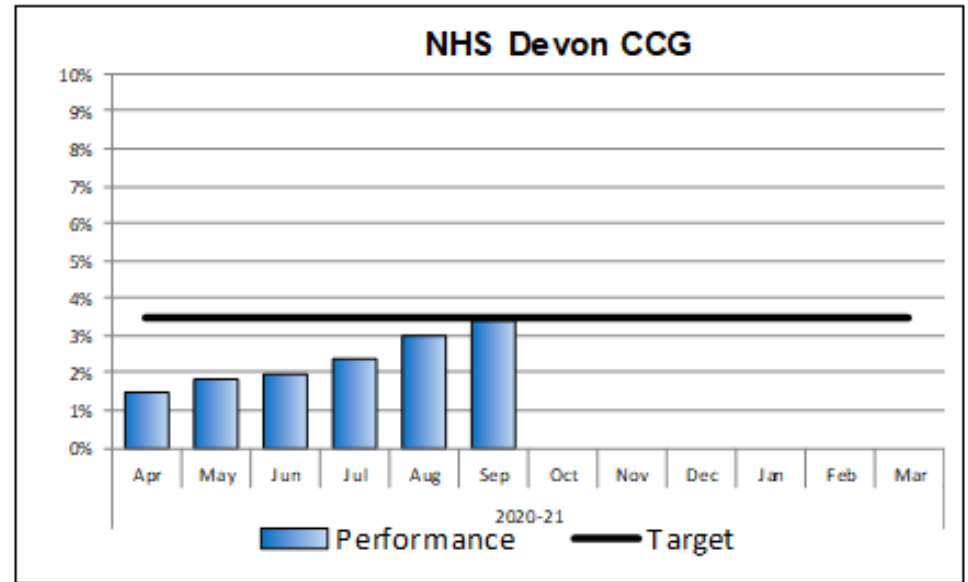
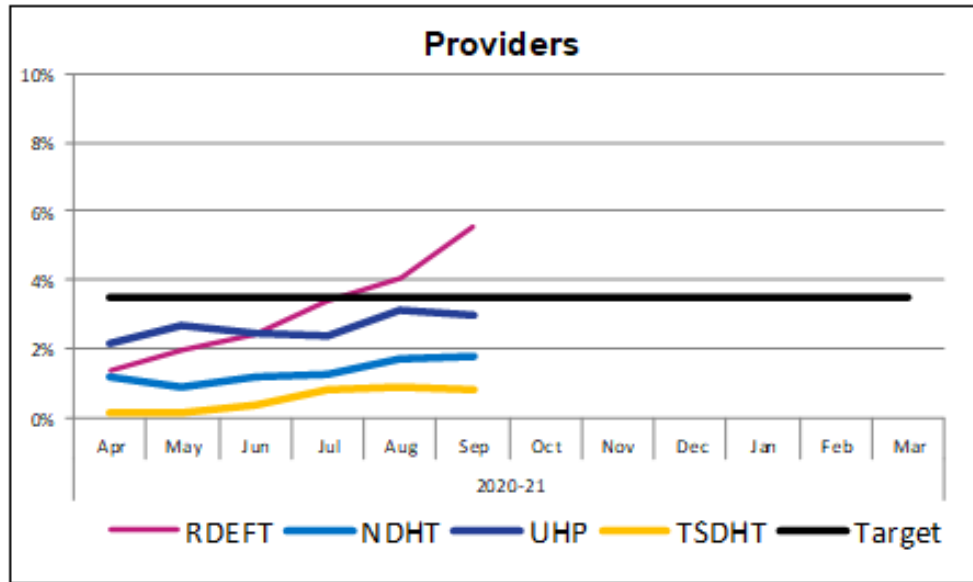
The percentage that has been either fully or partially achieved is 97.0%, this exceeds the 95% target and continues to be above the average of our CIPFA groups of similar local authorities. The percentage fully achieved increased to 71% (65% in Q2).

Safeguarding activity, performance and outcomes are monitored on a quarterly basis by the Safeguarding Assurance meetings and the Adult Safeguarding Board.

## Acute Delayed Transfers of care

Trust	Target	September	2020/21
RDEFT	3.50%	5.5%	3.1%
NDHT	3.50%	1.8%	1.3%
UHP	3.50%	3.0%	2.6%
TSDFT	3.50%	0.8%	0.5%

CCG	Target	September	2020/21
NHS Devon	3.50%	3.40%	2.3%



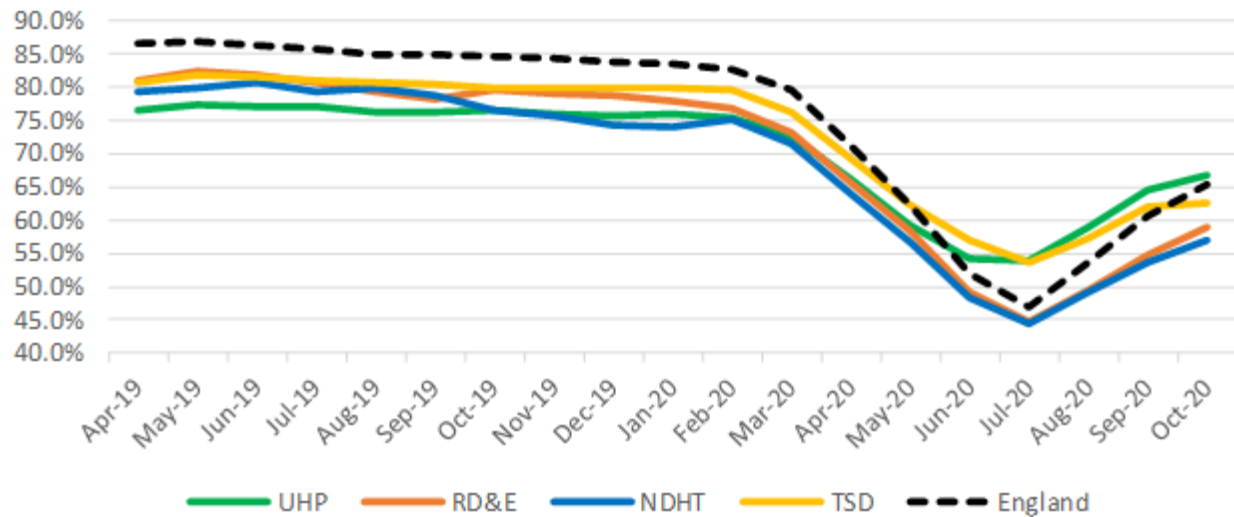
## Performance Insights

Acute trusts have a target to ensure that 3.5% or less of available bed capacity is lost to discharge delays on any given day.

UHP has been performing on or around this 3.5% figure for some time and has been achieving the 3.5% target since April 2020.

Performance improved in September, down to 3.0%. Year to date in 2020/21 performance is at 2.6%.

RTT 18 week waits (providers)



Performance Insights

October's data shows an improved position for RTT 18-week performance, rising from 58.3% to 60.4% at an STP level, compared to the target of 92% and national performance of 52%.

However, waiting lists have risen in October.

	RD&E	NDHT	UHP	TSD
September	33724	13352	30079	26366
October	37607	13441	30667	27284
Variance	3883	89	588	918

The number of long waiting patients also continues to increase, with numbers waiting over 52 weeks rising quickly at all providers in October, as can be seen in the table below. Breaches are expected to continue to rise in November.

	RD&E	NDHT	UHP	TSD
September	1880	1018	1006	892
October	2373	1195	1261	1143
Variance	493	177	255	251

The majority of the long waiters continue to be in Orthopaedics and Ophthalmology.

Work closely as a network to manage resources. There will be a centrally collated STP waiting list to support provider trusts, all of whom are clinically prioritising their waiting lists to ensure that the patients with the greatest clinically are treated first.

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# RESTORATION AND TRANSFORMATION

Health and Adult Social Care Overview and Scrutiny Committee



Date:	27 January 2021
Title of Report:	<b>Restoration and Transformation</b>
Lead Member:	Choose a Councillor
Lead Strategic Director:	Choose a Director
Author:	John Finn, Associate Director, In Hospital Care
Contact Email:	ross.jago@nhs.net
Your Reference:	RR2 Plym
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

This report is in response to the request from the Plymouth Health and Social Care Overview and Scrutiny Committee for an update on the restoration and recovery of services.

## Recommendations and Reasons

The Committee is asked to note the report.

## Alternative options considered and rejected

None. As a relevant NHS body, NHS Devon CCG has a duty to attend before a local authority when required (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions.

## Relevance to the Corporate Plan and/or the Plymouth Plan

By working with NHS bodies to maintain oversight of health and care services in Plymouth the committee is supporting the Democratic and Co-operative values of the Plymouth City Council, alongside objectives in the “*Healthy City*” Chapter of the Plymouth Plan.

## Implications for the Medium-Term Financial Plan and Resource Implications:

This update does not give notice of any required decision which may require expenditure or resource allocation which impacts upon the Local Authority.

## Carbon Footprint (Environmental) Implications:

None arising from this report.

## Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

None arising from this report.

## Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7

**Background papers:**

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
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**Sign off:**

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: N/A											
Please confirm the Strategic Director(s) has agreed the report? N/A											
Date agreed: 10/06/2019											
Cabinet Member signature of approval: N/A											
Date: 10/06/201											



## 1. Phase 3 Restoration of elective services

1.1. The national Phase 3 guidance (*Third Phase of NHS Response to COVID19*, dated 31 July 2020) set out an expectation that systems would restore elective activity to:

- 90% of 19/20 levels by October for elective inpatient, day case and outpatient procedures
- 100% of 19/20 levels of MRI, CT and endoscopy procedures (by October)
- 100% of last year's levels for new and follow-up outpatients

1.2. The Elective Care Cell has been broken into 4 workstreams to support the delivery of the Phase 3 and Adapt & Adopt:

- Management of GP referral processes
- Pathway development and GP and patient communication  
<https://northeast.devonformularyguidance.nhs.uk/> / <https://myhealth-devon.nhs.uk/>
- Outpatients
- Surgical Restoration

1.3. This programme focusses on the following priorities and this is incorporated into the Elective Care Cell's workstreams for delivery:

- **Theatres** - Prepare regional core principles based on national Infection Prevention Control (IPC) guidelines to support systems with practical implementation of relevant measures, including lessening PPE & Cleaning requirements and enabling local decision making to downgrade PPE according to risk.
- **CT MRI** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures.
- **Endoscopy** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures, including settling time on COVID negative AGP.
- **Outpatient** - Prepare regional core principles based on national IPC guidelines to support systems with practical implementation of relevant measures. For outpatient transformation, adapt and adopt work complements and helps with rapid implementation of the existing National Outpatient Transformation Programme

1.4. There are targets to be delivered against each of these priorities and the CCG is required to report weekly to NHSEI against all of these targets.

## 2. Current Performance

November Phase 3 - Activity Recovery			STP	TSDFT	RDEFT	NDHT	UHP
DEMAND	GP REFERRALS	Plan	90%	100.0%	84.3%	77.8%	94.3%
		Actual	52.9%	88.0%		99%	63.5%
	OTHER REFERRALS	Plan	97%	100.0%	100.1%	117.8%	83.7%
		Actual	65.8%	85%		116%	93%
	TOTAL REFERRALS	Plan	93%	100.0%	89.4%	89.0%	91.1%
		Actual	57.7%	86.3%		105%	71.6%
Outpatients	OP NEW (F2F and non f2f)	Plan	84%	93.4%	76.6%	94.2%	83.2%
		Actual	88%	95.6%	76.6%	90.2%	98.7%
	OP FU (F2F and non f2f)	Plan	91%	85.1%	79.4%	102.3%	97.3%
		Actual	99%	95.6%	81.7%	90.9%	108.8%
	TOTAL OUTPATIENTS	Plan	89%	87.3%	78.4%	99.5%	93.1%
		Actual	96%	95.6%	76.0%	90.6%	106.1%
ELECTIVE	DAYCASE	Plan	78%	77.6%	75.8%	72.1%	82.5%
		Actual	108%	98.8%	122.1%	111.4%	102.1%
	ELECTIVE INPATIENT	Plan	73%	79.4%	73.8%	83.7%	67.8%
		Actual	82%	73.4%	75.8%	89.1%	88.0%
	TOTAL ELECTIVE	Plan	77%	77.8%	75.4%	73.8%	80.0%
		Actual	104%	96.3%	112.9%	107.5%	100.1%
	TOTAL INCOMPLETE RTT PATHWAYS	Plan	123%	142.4%	112.5%	140.2%	113.6%
		Actual	97%	93.3%	113.7%	80%	89.1%
	RTT 52 WEEK WAITS	Plan	7628	1517	1924	2637	1550
		Actual	7413	1277	3401	1290	1445
DIAGNOSTIC TESTS	MAGNETIC RESONANCE IMAGING	Plan	92%	86.0%	100.3%	77.8%	91.8%
		Actual	86%	87.5%	70.4%	111.5%	93.7%
	COMPUTED TOMOGRAPHY	Plan	84%	90.2%	106.7%	74.9%	67.0%
		Actual	110%	80.9%	85.9%	138.0%	152.2%
	TOTAL SCOPES	Plan	82%	69.8%	88.5%	115.7%	79.2%
		Actual	79%	78.7%	66.6%	79.6%	91.0%

- 2.1. The activity above is for the month of November 2020. Over December and into January as a result of Covid, performance has significantly reduced.
- 2.2. Both day case and elective inpatients are performing above trajectory across all trusts. The trajectory is based on delivering the same amount of activity as during the same time period in 20/21.
- 2.3. For all trusts in Devon, non-face to face new and follow up outpatients are below plan. However, outpatient follow ups overall are above trajectory. The trajectory is based on based on delivering the same amount of activity as during the same time period in 20/21.
- 2.4. The number of patients waiting for more than 52 weeks for their procedure is slightly over the plan agreed by NHS England. However, it is below plan for the RD&E where staffing pressures have been felt most keenly and are below the anticipated level at this stage. This has been further impacted in the months up to the end of January 21 by further staff absences and the third wave of Covid 19. Across the county our incomplete pathway volumes remain below the forecast trajectory at all our trusts except the RD&E.

Name: John Finn  
 NHS Devon CCG  
 Deputy Director In-Hospital Commissioning

# COVID-19 VACCINATION PROGRAMME

Health and Adult Social Care Overview and Scrutiny Committee



Date:	27 January 2021
Title of Report:	<b>Covid-19 Vaccination Programme</b>
Lead Member:	Choose a Councillor
Lead Strategic Director:	Choose a Director
Author:	John Finn, Associate Director, In Hospital Care
Contact Email:	ross.jago@nhs.net
Your Reference:	RR2 Plym
Key Decision:	No
Confidentiality:	Part I - Official

## Purpose of Report

This report is in response to the request from the Plymouth Health and Social Care Overview and Scrutiny Committee for an update on the restoration and recovery of services.

## Recommendations and Reasons

The Committee is asked to note the report.

## Alternative options considered and rejected

None. As a relevant NHS body, NHS Devon CCG has a duty to attend before a local authority when required (provided reasonable notice has been given) to answer questions the local authority believes are necessary to carry out its health scrutiny functions.

## Relevance to the Corporate Plan and/or the Plymouth Plan

By working with NHS bodies to maintain oversight of health and care services in Plymouth the committee is supporting the Democratic and Co-operative values of the Plymouth City Council, alongside objectives in the “*Healthy City*” Chapter of the Plymouth Plan.

## Implications for the Medium-Term Financial Plan and Resource Implications:

This update does not give notice of any required decision which may require expenditure or resource allocation which impacts upon the Local Authority.

## Carbon Footprint (Environmental) Implications:

None arising from this report.

## Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

None arising from this report.

## Appendices

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
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**Background papers:**

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
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**Sign off:**

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: N/A											
Please confirm the Strategic Director(s) has agreed the report? N/A											
Date agreed: 10/06/2019											
Cabinet Member signature of approval: N/A											
Date: 10/06/201											

## 1. Coronavirus Vaccination in Devon

- 1.1. Thousands more doses of the Oxford Astra-Zeneca vaccine have been received from the national supply chain and given to priority groups in Devon.
- 1.2. GP practices are prioritising use of the Oxford vaccine for use in older persons' care homes as it is easier to transport and store. The NHS has been asked to ensure everyone in care homes has been vaccinated by 24 January and it is our ambition to achieve this.
- 1.3. A range of measures is being developed, including additional roving teams, to bring vaccination facilities closer to people in places where the location of the local vaccination centre makes it difficult for people to access it - but in the meantime, local people are strongly encouraged to do all they reasonably can to take up the offer of a vaccination appointment if they are offered one.

## 2. Progress on vaccinations

- 2.1. Currently there are three main ways the vaccine is being delivered in Devon-
  - i. All four of the county's main **hospitals** – in Plymouth, Exeter, Torquay and Barnstaple – are giving the vaccination to priority groups in line with national guidance
  - ii. **GP practices** are working together in groups to set up local vaccination centres. Across the county, **20 centres are now in operation**, serving all of Devon practices.
  - iii. GP-led facilities are delivering the vaccine to residents and staff in **care homes**
- 2.2. On 11 January 2021, NHS England and NHS Improvement, announced the next phase of the COVID-19 vaccination programme with the first seven sites nationwide operating the Vaccination Centre model. Ashton Gate stadium in Bristol was one of these sites.
- 2.3. The announcement made clear that dozens more will be coming on stream across the country and in Devon, two are planned. Work is progressing well and as soon as assurance processes are complete, further details will be released.
- 2.4. NHS England also announced that the first six community pharmacy sites for vaccination go live nationwide this week to test the model before further rollout.
- 2.5. Both of these types of service will be bookable through a national booking portal. They will add extra capacity to the vaccination programme – alongside hospital hubs and GP-led local services - so that the NHS can protect all those who would benefit most as quickly as possible
- 2.6. Anyone in the highest risk groups who does not want to travel to pharmacy or to a large-scale vaccination centre can wait to be called forward by their local GP or hospital services by 15 February.

- 2.7. The system focus is on ensuring that we deliver to more people in priority cohorts and sooner, especially groups 1 and 2 with all those to group 4 offered a vaccine by the middle of February.
- 2.8. Good progress is being made to vaccinate health and care staff. Thousands of staff members have already been vaccinated. Staff are being made aware of how to access a vaccine.
- 2.9. Further details of plans in Devon will be available in due course, highlighted in weekly briefings to members.

### 3. Vaccinations in care homes

- 3.1. On 13 January, NHS England and NHS Improvement [wrote to the NHS](#) saying all GP-led local vaccination services are to administer the first dose of the COVID-19 vaccine to care home residents and staff by 24 January (instead of the original 31 January target).
- 3.2. Care home residents and staff were set as the highest priority group by the independent Joint Committee on Vaccination and Immunisation. GP-led and hospital vaccination services have made good progress in vaccinating staff and residents in care homes in Devon.

### 4. Increasing access to vaccination centres

- 4.1. GP practices are working in groups to set up the local vaccination centres. The GP-led vaccination sites have to operate at scale and at pace. They are complex to set up and there are stringent quality assurance and safety requirements that each site needs to meet, which means that not every GP practice is suitable.
- 4.2. Most centres in Devon are a convenient distance from where patients live but we recognise that in some locations, the distance is longer than we would want.
- 4.3. **A range of measures is being developed, including additional roving teams, to bring vaccination facilities closer to people in more rural parts of the county, but in the meantime, local people who are offered a vaccination appointment are strongly encouraged to do all they reasonably can to attend it.**
- 4.4. We also know that various organisations, including NHS Responders, the national volunteers, are actively working to recruit more volunteer drivers to help people make the journey.

### 5. Recruiting volunteers

- 5.1. Volunteers are being sought to be part of the biggest vaccination programme in NHS history. The NHS needs volunteer marshals and stewards to support work to vaccinate local people.
- 5.2. Anyone interested can contact 'Our Plymouth', who are coordinating volunteers to help at Devon vaccination sites, to register interest and find out more at <https://ourplymouth.co.uk/volunteer-opportunity/covid-19-vaccination-program-volunteers-needed/>

## 6. Vaccine Timing and Efficacy

- 6.1. The NHS was given clear guidance to stop providing **second doses** at the three-week interval after 4 January. Everyone will still receive their second dose and this will be within 12 weeks of their first, in line with national guidance.
- 6.2. The Joint Committee on Vaccination and Immunisation (JCVI) has advised prioritising delivery of the first vaccine dose as this is highly likely to have a greater public health impact in the short term and reduce the number of preventable deaths from COVID-19.
- 6.3. The [COVID-19 Actuaries Response Group](#) has conducted a review into the logic of the UK's vaccine priority ordering. This document shows the number needed to vaccinate in care homes is 20 vaccinations to prevent one death, compared with other groups in priority 1-4 of between 160 and 600 vaccinations to prevent one death.
- 6.4. Anyone who has had the vaccine **must continue** to follow government guidance on social distancing and wearing a mask, as immunity takes weeks to develop.
- 6.5. Both the Pfizer and Oxford vaccines have been through rigorous tests and approval processes to prove they are safe and effective. Therefore, patients will not have a choice about the vaccine they receive when they are called for an appointment.

### How local people can play their part

#### 1. Stay at home

- The best thing they can do to help the NHS is stay at home as much as possible.
- Every time you leave your home you risk coming into contact with an infected person or touching a surface or door handle or petrol pump which may be contaminated. Any one of these interactions could be a crucial link in the chain of transmission which could lead to someone becoming seriously ill or dying from COVID-19.

#### 2. When you get your call from the NHS for your vaccine, please take it up.

- The NHS will get in touch when it's your turn to be vaccinated. You must attend your appointment.
- **Don't make things harder for the NHS by calling your local hospital or GP practice about getting the vaccine – the NHS will contact you when it's your turn. Blocking phonelines with queries stops other people getting healthcare and diverts staff time, meaning the vaccine rollout will be slower.**

#### 3. Follow the government guidance:

- 'Hands, Face, Space'.
- Act as if you have COVID, even after you've been vaccinated

#### 4. Use the NHS in the best way:

- **Think 111 first or choose the right service for your needs: self-care, pharmacists, local minor injury services or your GP.**

### Further information and vaccination data

National data on vaccination is available [here](#).

More local vaccination information will be released by NHS England and NHS Improvement in due course – details will follow.

For more information on vaccination and the health and care response to COVID-19, click on [www.togetherfordevon.uk/priorities/coronavirus-covid-19](http://www.togetherfordevon.uk/priorities/coronavirus-covid-19)

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# HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2020 - 21



**Please note that the work programme is a 'live' document and subject to change at short notice.**

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Amelia Boulter, Democratic Support Officer, on 01752 304570.

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
<b>14 Oct 2020</b>	Policy Brief			Sarah Gooding
	Performance Summary			Rob Sowden
	Winter Plan Update			Anna Coles
	Phase 3 Planning			CCG
<b>2 Dec 2020</b>	Update from the Director of Public Health			Ruth Harrell
	Policy Brief			Sarah Gooding
	Healthwatch Update			Tony Gravett
	Workforce Review			Anna Coles
	Adult Social Care Budget			Craig McArdle
	Performance Summary			Rob Sowden
<b>27 Jan 2021</b>	COVID Update			Ruth Harrell
	Flu Vaccination Programme			Ruth Harrell
	Policy Brief			Sarah Gooding
	Integrated Performance Report			Rob Sowden
	Restoration and Recovery of Services			John Finn/Dr Shelagh McCormick
	COVID vaccination programme			NHS Devon CCG
<b>24 Mar 2021</b>	Policy Brief			Sarah Gooding
	Think III Service			CCG
	Long Term impacts of COVID-19			Public Health
	Mental Health and CAMHS			Livewell/Public Health
<b>Briefing Papers to be circulated to the Committee -</b>				
Monitoring of the winter plan and any new areas of risks				
Recruitment and retention of GPs				
<b>Select Committee</b>				
Dental Health – Response to the recommendations – 16 December 2020				

## Annex I – Scrutiny Prioritisation Tool

		Yes (=1)	Evidence
<b>P</b> ublic Interest	Is it an issue of concern to partners, stakeholders and/or the community?		
<b>A</b> bility	Could Scrutiny have an influence?		
<b>P</b> erformance	Is this an area of underperformance?		
<b>E</b> xtent	Does the topic affect people living, working or studying in more than one electoral ward of Plymouth?		
<b>R</b> eplication	Will this be the only opportunity for public scrutiny?		
	Is the topic due planned to be the subject of an Executive Decision?		
	<b>Total:</b>		High/Medium/Low

Priority	Score
<b>High</b>	<b>5-6</b>
<b>Medium</b>	<b>3-4</b>
<b>Low</b>	<b>1-2</b>